

PREPARE ORIGINAL + 1

(For TSD use only)

SHOP WORK REQUEST

Technical Support Department

TO: Director, Technical Support Department

TSD JOB NUMBER

NAME OF REQUESTOR (PRINT OR TYPE)

DEPARTMENT

PHONE EXT.

DATE OF REQUEST

TITLE OF JOB

COURSE NUMBER

DESIRED COMPLETION DATE

CATEGORY OF WORK

☐

FACULTY R&D

☐

LABORATORY SUPPORT

☐

VIP

☐

MIDSHIPMEN PROJECTS

☐

MAINTENANCE

☐

OTHER

☐

TRIDENT PROJECTS

☐

GENERAL SUPPORT

☐

NON-DIVISION

JOB ORDER NUMBERS

LABOR:

MATERIALS:

URGENCY

JOB DESCRIPTION

COMMENTS

SIGNATURE OF REQUESTOR

INITIALS OF DEP. CHRMN.

INITIALS TSD ESTIMATOR

DATE

INIT. DIR. TSD

ACTION

☐

IMMEDIATE

☐

ROUTINE

☐

DEFER

☐

DISAPPROVE

☐

PW DEPT.

☐